Name in Full: Anna Burton Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pittsville — County: Wicomico

Date of death 1904 — Month: 11 — Day: 23 — Age: Years: 76 — Months: 2 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name or Wife or Husband: Elizabeth Jackson

Father's Name: Levin Brown — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Gorman — Mother's Birthplace: Delaware

Name of person giving Information — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: Two years

Immediate: Heart Failure — How long: immediately

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. M. Freeny

Address: Pittsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant no name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Nov Day: 18

Age: Years: 7 hours; Months: ; Days:

Sex: male

Color or Race: White

Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lemuel M Cannon

Father's Birthplace: Md

Mother's Maiden Name: Florance E. Cannon

Mother's Birthplace:

Name of person giving In formation: Lemuel M Cannon

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth

How long: 15

Immediate: Medical Doctor

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Calloway & Co

Address: Salisbury Md

Undertaker

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Sarah Chatham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Powellville; County: Wicomico

Date of death: Month: Nov; Day: 25; 1904

Age: Years: 88; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Widow

Name of Wife or Husband: Elijah Chatham

Father's Name: William Brooks

Father's Birthplace: Md

Mother's Maiden Name: Don't Know

Mother's Birthplace:

Name of person giving information: Edward Chatham

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer on Side

How long: 3 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Accident or Suicide? no

Undertakers

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Joseph J. Cooke

CERTIFICATE OF DEATH

MARYLAND

Died at: N. E. — Town: [illegible] — County: Worcester

Date of death 190[illegible]: Month: Nov — Day: 4th — Years: Age 5-0 — Months: 7 — Days: 22

Sex: Male — Color or Race: Colrd — Birthplace: Northcote

Occupation: Mariner — Where Residing if not at place of death: Wetipquin

Married, Single or Widowed — Name of Wife or Husband: Mary F. Cooke

Father's Name: Stephen — Father's Birthplace: Riverton

Mother's Maiden Name: Martha A. Cooke — Mother's Birthplace: Wetipquin

Name of person giving information: Mary F. Cooke — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 12 months

Immediate: [illegible] — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. O'Day M D

Address: Westover Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Martin E. Dashiell

CERTIFICATE OF DEATH

MARYLAND

Town: Quantico | County: Wicomico

Died at

Date of death 190 | Month: Nov | Day: 13 | Age: Years 70 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Quantico

Occupation: Farmer | Where Residing if not at place of death: "

Married, Single or Widowed | Name of Wife or Husband

Father's Name: W. T. Dashiell | Father's Birthplace

Mother's Maiden Name: Sarah R. Graham | Mother's Birthplace

Name of person giving information: Wm. T. Dashiell | How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Stomach | How long: 10 days

Immediate: Dropsy | How long: 2 Months

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Wm. H. H. Dashiell

Address: Quantico Md

Accident or Suicide? Neither

LIBRARY BUREAU A8881G

Name in Full: Marcellus E. Slashill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Quantico; County: Wicomico

Date of death 1904: Month: Nov.; Day: 13.; Age: Years: 70; Months; Days

Sex: Male; Color or Race: White; Birthplace: Quantico

Occupation: Farmer; Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~; Name of ~~Wife~~ or ~~Husband~~:

Father's Name: W. P. Slashill; Father's Birthplace:

Mother's Maiden Name: Sarah R. Bradshaw; Mother's Birthplace:

Name of person giving information: John P. Slashill; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Stomach; How long:

Immediate: Dropsy.; How long: 2 months

Are the name, age, sex, color, date and place correctly given above?: So far as I know

Signature of Physician: Wm H. H. Slashill

Address: Quantico Md.

Accident or Suicide?: neither

LIBRARY BUREAU A66816

Name in Full: Hesper Dorman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westfoquin — County: Wicomico

Date of death: Month: Nov — Day: 19 — Years: Age 65 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Near Quantico

Occupation: Wife — Where Residing if not at place of death: Westfoquin Md

Married, Single or Widowed: Widow — Name of Wife or Husband: Thos Dorman

Father's Name: George Redish — Father's Birthplace: Near Quantico

Mother's Maiden Name: Bradley or Green — Mother's Birthplace: Quantico

Name of person giving Information: Wm H H Dashiell — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 3 months

Immediate: Do — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A66918

Name in Full: Woodland Dove

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Quantico; County: Wicomico

Date of death 1904: Month: Nov; Day: 24; Age: Years: —; Months: 4; Days: —

Sex: Male; Color or Race: White; Birthplace: near Quantico

Occupation: none; Where Residing if not at place of death: Quantico Md

Married, Single or Widowed: single; Name of Wife or Husband: Mary Dove

Father's Name: Lewis Dove; Father's Birthplace: Allen Md

Mother's Maiden Name: Townsend; Mother's Birthplace: Allen Md

Name of person giving information: W. H. H. Dashiell; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea (1); How long: —

Immediate: Typhoid Fever; How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Laura B. Evans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sandy — County: Accomac

Date of death: 1904 — Month: Jan — Day: 4 — Age: Years: 1 — Months: 9 — Days: 3

Sex: Fe — Color or Race: Colred — Birthplace: Accomac

Occupation: — Where Residing if not at place of death: "

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

Father's Name: Edw. Evans — Father's Birthplace: Accomac

Mother's Maiden Name: Sarah Evans — Mother's Birthplace: "

Name of person giving information: Laura Dop — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 4 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. O. Dyer M.D.

Address: Parksley Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: John T. Gordy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Kelleys — County: Wicomico

Date of death: 1904 — Month: Nov. — Day: 27 — Years: Age 65 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: at home

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Gordy

Father's Name: Lainton Gordy — Father's Birthplace: Maryland

Mother's Maiden Name: ~~~~~ — Mother's Birthplace:

Name of person giving Information: Robert Morris — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Septic exhaustion — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert R Hastings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: Mar. — Day: 15 — Years: 1904 — Months: — Days: 9

Age

Sex: male — Color or Race: White — Birthplace: Salisbury Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harley E Hastings — Father's Birthplace: Del

Mother's Maiden Name: Lida E Andrews — Mother's Birthplace: Del

Name of person giving information: Harley E Hastings — How related to deceased: Father

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long

Immediate: Anaemia Brain — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo W Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A5881S

Name in Full: Josiah W. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Nov. 1904; Day: 9

Age: Years: 85; Months: 9; Days: 24

Sex: Male

Color or Race: White

Birthplace: Wicomico Co. Md.

Occupation: Farmer

Where Residing if not at place of death: in Salisbury

Married, Single or Widowed: Widower

Name of Wife or Husband: Martha Johnson

Father's Name: William Johnson

Father's Birthplace: Maryland

Mother's Maiden Name: Harriette Brooks

Mother's Birthplace: Dorchester Co. Md.

Name of person giving Information: Frank Johnson

How related to deceased: Nephew

85

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Purpura Hemorrhagica — How long: 2 or 3 mths

Immediate: Hemorrhage Bladder — How long: 1 mth

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Paul Gomes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Helvetson — County: Wicomico

Date of death: Month: Nov — Day: 10 — Years: 9 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: School boy — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James S Gomes — Father's Birthplace: Md

Mother's Maiden Name: Eliza J Baker — Mother's Birthplace: Md

Name of person giving Information: Mitchell Hall — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brain Tumor — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E H Traylor M D

Address: Laurel Del

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full: Gideon Knowles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Green Hill; County: Wicomico

Date of death: 1904 Month: Nov Day: 26

Age: Years: 78 Months: Days:

Sex: Male Color or Race: White Birthplace: Sharptown Md

Occupation: Farmer Where Residing if not at place of death: Green Hill Md

Married, Single or Widowed: Married Name of Wife or Husband: Georgia Knowles

Father's Name: Don't Know Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know Mother's Birthplace: Don't Know

Name of person giving information: J. M. Jones How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis 64 How long

Immediate: Second Stroke How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D Vin H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Sarah R. Larmore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Haven — County: Wicomico

Date of death: Month: Nov. — Day: 28 — 1904

Age: Years: 82 — Months: 5 — Days: 6

Sex: female — Color or Race: White — Birthplace: Dorchester Co. Md.

Occupation: — Where Residing if not at place of death: Tyaskin

Married, Single or Widowed: Widowed — Name of Wife or Husband: Marcellus H. J. Larmore

Father's Name: P. Williams — Father's Birthplace: Maryland

Mother's Maiden Name: Ev — Mother's Birthplace: —

Name of person giving information: G. C. H. Larmore — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Old Age — How long

PHYSICIAN OR CORONER

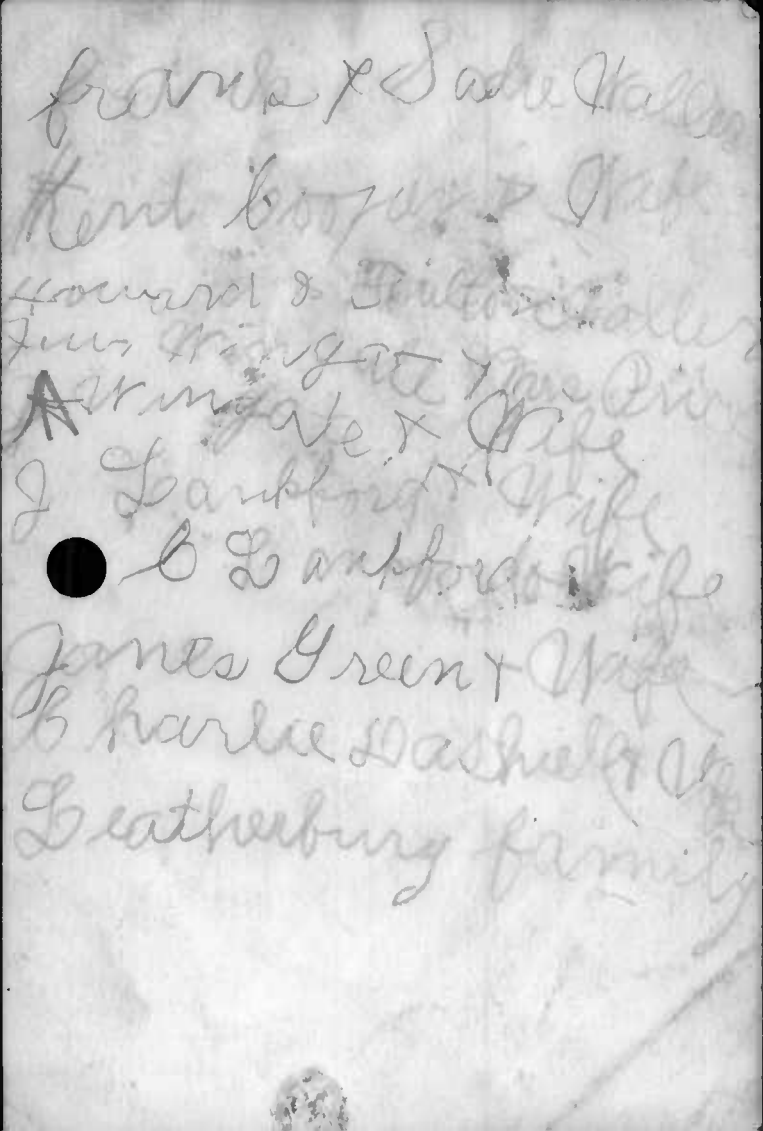
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Lowe M.D.

Address: White Haven Md

Accident or Suicide?

LIBRARY BUREAU A88316



Name in Full: David Mumford-

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pen. Civil Hospital Sal. County: Worcester

Date of death 1904: Month: Nov. Day: 13th Age: Years: 3 Months: Days:

Sex: Male Color or Race: African Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Child Name of Wife or Husband:

Father's Name: Isaac Mumford Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Helen V. Thiel Supt. Hosp. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Swallowed Lye- How long: Sept 1st 2

Immediate: General Breakdown- How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Helen V. Thiel

Address: Supt. P. C. Hosp.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Lester J Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Nov Day: 2 Age: Years: 3 Months: 2 Days: 25

Sex: Male Color or Race: White Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John N Parker Father's Birthplace: Md

Mother's Maiden Name: Lucy Shockley Mother's Birthplace: Md

Name of person giving information: John N Parker How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Symptoms How long: 3 or 4 days

Immediate: Heart Failure How long: 10 or 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Merrill Parker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Nov — Day: 27 — Year: 1904

Age: Years: 1 — Months: 10 — Days:

Sex: male — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't know — Father's Birthplace

Mother's Maiden Name: Cora Parker — Mother's Birthplace: Md

Name of person giving Information: Martha Parker — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deep Colet — How long: 3 weeks

Immediate: Suppure Croup — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. C. Holloway & Co

Address: Salisbury Md

Undertakers

Accident or Suicide? no

LIBRARY BUREAU A8S516

Name in Full: Mary A. Pitts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Nov.; Day: 3rd; Years: Age 52; Months: —; Days: —

Sex: Female; Color or Race: Negro; Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of ~~Wife~~ or Husband: Elijah Pitts

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Elijah Pitts

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mental Disease — How long: 7 years

Immediate: General Convulsions & Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mary E. Riggin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Nov — Day: 19 — 1904

Age: Years: 56 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housework — Where Residing if not at place of death: At Mrs. Littletons

Married, Single or Widowed: Married — ~~Name of Wife or~~ Husband: John E. Riggin

Father's Name: Sampson Shockley — Father's Birthplace: Maryland

Mother's Maiden Name: Molly Shockley — Mother's Birthplace: "

Name of person giving Information: W. J. B. Jones — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several Years

Immediate: Dont Know — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Harry H Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: Nov; Day: 19; Age: Years 2; Months 7; Days 8

Sex: male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Abraham Smith; Father's Birthplace: Del

Mother's Maiden Name: Amanda J Baker; Mother's Birthplace: Md

Name of person giving Information: Abraham Smith; How related to deceased: Father

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Meningitis; How long: 10 days

Immediate: Convulsions; How long: an hour or two

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W Morris M D

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Clay Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Green Hill — County: Wicomico

Date of death: 1904 — Month: Nov — Day: 24 — Years: Age 16 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Green Hill

Occupation: Farmer's Son — Where Residing if not at place of death: Green Hill

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Wm. H. Taylor — Father's Birthplace: Sharptown

Mother's Maiden Name: Covington — Mother's Birthplace: Nanticoke

Name of person giving In formation: Wm H. Taylor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Pneumonia — How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Wm. H. H. Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A888-16

Name in Full: Edward T. Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Siloam — County: Wicomico

Date of death: Month: Nov. Day: 8 1904

Age: Years: — Months: 4 Days:

Sex: Male

Color or Race: White

Birthplace: Siloam Md.

Occupation: ~

Where Residing if not at place of death: at Siloam

Married, Single or Widowed: Single

Name of Wife or Husband: ~

Father's Name: Edward T. Taylor

Father's Birthplace: Maryland

Mother's Maiden Name: Edith Townsend

Mother's Birthplace: "

Name of person giving Information: Ephraim Denson

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 179 — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Sig. Fo. Hill

Address: Hebron Md

Accident or Suicide?

LIBRARY BUREAU A66616

Dr. J. I. T. Long of Allen had seen the child about two weeks since, but I have no way of getting certificate from him before the childs burial

Geo. C. Hill

Name in Full: Sarah Sedonez Thomas 12

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wetipquin — County: Wicomico

Date of death 1904 — Month: November — Day: 30 — Age — Years: 7 — Months — Days

Sex: Colored — Color or Race: Colored — Birthplace: Wetipquin

Occupation — Where Residing if not at place of death: Wetipquin

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James Thomas — Father's Birthplace: St Marys

Mother's Maiden Name: Soldie Thomas — Mother's Birthplace: Wetipquin

Name of person giving information — How related to deceased

CAUSES OF DEATH

Primary: Natural — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: Wetipquin Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Sarah Townsend

CERTIFICATE OF DEATH

Died at: near Town: Siloam County: Wicomico MARYLAND

Date of death: Month: Nov. Day: 17 1904 Age: Years: 23 Months: Days:

Sex: Female Color or Race: White Birthplace: near Siloam Wicomico Co. Md.

Occupation: Housewife Where Residing if not at place of death: at her Fathers house

Married, Single or Widowed: Married Name of Wife or Husband: Elmer Townsend

Father's Name: Albert F. Smith Father's Birthplace: Wicomico Co. Md.

Mother's Maiden Name: Mary Hillman Mother's Birthplace: Wicomico Co. Md.

Name of person giving information: Geo. A. Bromley How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: about 2 years

Immediate: Exhaustion How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Sadie J. Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pittsville — County: Wicomico

Date of death 1904: Month: 11 — Day: 12 — Age: Years: — Months: — Days: 14

Sex: Female — Color or Race: Black — Birthplace: Pittsville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jacob M. Wooten — Father's Birthplace: Delaware

Mother's Maiden Name: Esaban Hudson — Mother's Birthplace: Delaware

Name of person giving Information: 95 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long: Catarrh

Immediate: Congestion of the Lungs — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. M. Freeny

Address: Pittsville Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Sadie Wright — 11

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Haven — County: Wicomico

Date of death 190 — Month: Nov — Day: 10 — Years: 19 — Months: — — Days: —

Sex: Female — Color or Race: Colrd — Birthplace: White Haven

Occupation: Housekeeper — Where Residing if not at place of death: "

Married, Single or Widowed: / — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Wright — Father's Birthplace: Somerset

Mother's Maiden Name: Mary H. Wright — Mother's Birthplace: Wicomico

Name of person giving Information: Wingate Wilson — How related to deceased: none

CAUSES OF DEATH

Primary: — How long:

Immediate: Enteritis — How long: Seven months

106

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Lankford

Address: White Haven Md

Accident or Suicide?

LIBRARY BUREAU A66616